CHICAGO
MEDICAL JOURNAL.

VOL. VI.] MAY, 1863. [No. 5.

SELECTED.

EXTRACT FROM A LETTER TO THE SURGEON GENERAL OF MASSACHUSETTS.

From J. F. GALLOUPE, M. D., Surg. 17th Mass. Vols.

I presume that before this time you have had full details of the "malarial disease," as it is called, which now prevails here; the disease is not malarial in its origin. The fact that it prevails in the winter, when malarious disease does not originate; that it prevails among troops recently arrived here; that it is not paroxysmal in its character; that it is not modified by quinine; and that the pathological changes are totally unlike those which occur in paludal disease, all prove that it is not due to miasm.

I. *Cause.*—That the disease is caused *generally* by living in barracks made of green lumber, and insufficient ventilation, is obvious. The 43d, 45th and 51st regiments were encamped as near together as it was possible for them to be. The former was in tents, and had none of the disease. The two latter were in barracks, and in about four weeks after their arrival the disease began to appear. Upon the average, two cases and two deaths per week occurred in each of these regiments. At last the prevalence of the disease created alarm, and the 45th were ordered to change their quarters; this being done,

no new cases appeared. The disease continued to prevail in the 51st until they were removed from barracks, when it suddenly disappeared. What has been said of the 45th and 51st, is also true of the 44th.

The barracks are made of perfectly green hard-pine lumber, and so constructed as to allow only 180 feet of air to each man, with no adequate ventilation. During the stay of the 45th in barracks they had five cases, all of which were fatal. The 51st have had seventeen cases, all of which have been fatal. The 44th have had twenty cases, twelve of which have been fatal; the remaining eight are now under treatment. One case of this disease occurred in my regiment last summer, in a man who was employed in building a block-house of green timber; he occupied the building as his quarters.

I have said that the disease is *generally* caused by living in barracks made of green lumber; but this is not the only cause, for a few cases have occurred among troops not thus quartered. A lad nine years old, son of one of our officers, was attacked with the disease; he lived in a good brick house, and was in all respects well cared for, and, up to the time of the attack, had been perfectly healthy. His case exactly resembled those which occurred among the troops—in fact it was a *pattern* case.

The victims of this disease, so far as my observation extends, have been the most healthy and vigorous men. I have conversed with several of the most intelligent people who reside here (including a physician), and they all agree in the statement that the disease, as an epidemic, never existed here before.

II. *Symptoms.*—The patient is attacked, without warning, with a rigor more or less severe; pain in the head, back and legs, the latter being the most severe; delirium; vomiting; thick white coat on the tongue; bowels constipated; sometimes retention of urine. In some cases "petechiæ" of large size are extremely plentiful from the *outset*, in other cases this symptom does not appear. In some cases the force of the disease is so great as to destroy life within twelve hours; in others, the patient continues to live without marked change in the symptoms until the strength gradually succumbs, in a period varying from two days to several weeks. I have not yet known a case of perfect recovery; the one nearest approaching it, that I have seen, was a case which came before the Board of Examiners for discharges, of which I am a member; this man was completely broken down; he had chronic iritis and permanent blindness of one eye.

III. *Pathology.*—Uniformly the disease is found to be inflammation of the meninges of the brain and spinal cord. When death occurs early, say in twelve hours after the attack, the arachnoid at the top of the brain is found to be opaque; the disease extends from this point to the base of the brain, and down the spinal cord. If the patient survives the attack for two or three days, large coagula of lymph are found beneath the dura mater, from the top of the brain to the cauda equina; at this stage of the disease the lymph is of a greenish-yellow color, and partially disorganized; there is also some softening of the cerebral substance, but I have not yet seen pus. Sometimes the dura mater is adherent. There is also effusion of serum beneath the dura mater, and into the ventricles, amounting in some cases to five ounces. In many cases a considerable amount of congestion is found, but this condition is by no means constant. The disease appears to originate in the arachnoid. In all the cases that I have seen no other organic lesion has been found, acute or chronic, than the one above described, although the thoracic and abdominal viscera have been carefully examined.

IV. *Treatment.*—No treatment has been of any avail. When the disease first appeared it was supposed by those who had it in charge to be of malarious origin, and was consequently treated by quinine. Other cases have been treated antiphlogistically—by venesection, cupping, blisters, cold applications, sinapisms to extremities, cathartics and mercurials. When petechiæ appeared early in the disease it was treated as typhus, with oil of turpentine, &c., and supporting diet. These different plans of treatment have been combined as indicated by the symptoms, and, so far as my knowledge extends, without favorably modifying the course of the disease.—*Ibid.*

NATURE AND CAUSES OF DIPHTHERIA.

The pathology of Diphtheria is not elucidated by autopsies, or by chemical or microscopical examinations. No special structures are invaded, or characteristic lesions discovered; only everywhere is found a dark, grumous blood, filling

equally the veins and arteries, and stagnated in various organs. MM. Millard and Peter first pointed out that the blood was of a dirty brown color, resembling liquorice juice or water containing a mixture of soot.

During life there are conclusive proofs, in the malignant cases, of a poisoned, disorganized condition of the circulating fluid—the dark, grumous blood issuing from the tonsils when roughly touched, the spontaneous hæmorrhages, the muscular weakness, the prostrated nerve-power, the clammy sweats, the rapid, soft and shaky pulse, the sphacelation in the fauces, the sequelæ—anæmia, paralysis, etc., the gradual sinking of the patient, and the extinction of life without effort at reaction, or the slightest tokens of constitutional resistance. The evidences of a blood-contamination, equal to those seen in typhus, are infinitely greater than those presented in other diseases now universally conceded to arise from this cause. Chemistry detects no material poison in the air during a diphtheritic epidemic, nor any foreign element in the blood, or any change in its constituents, where patients have died of this disease. The changes, and the agencies producing them, whatever they may be, are inappreciable by this means of investigation.

The enlarged vision afforded by the microscope likewise reveals no sensible alteration in the blood; and the naked eye, which recognizes the fact of the transudation of the liquor sanguinis, and its concretion into a pseudo membrane, gives us equal information with the most powerful glasses. The fibrillæ, granules, pus-cells, etc., that are found, are not distinctive; and the much talk-of algæ are frequently seen on mucous surfaces when covered by morbid secretions. Their ova exist in the atmosphere at all times, but are not developed unless a favorable *nidus* is presented.

From these purely scientific investigations, so rude in comparison with the finer operations taking place in living organisms, we, in this instance, can gain no light, and are obliged, perforce, to learn the true nature of Diphtheria by actual observation in the trial of various modes of treatment. If the free use of stimulants, in the beginning and height of the disorder, subdues the fever, removes the inflammation, causes the membrane to fall, prevents relapses, and, in a word, accomplishes a cure at once rapid and permanent in almost every case where the treatment is commenced early, we must be forced to the conclusion that Diphtheria is a disease of low action—ataxic—and that the inflammation attending it is certainly not idiopathic and active. This is further shown by the

greater success following this mode of treatment than any other; and by the significant fact that malignant cases usually escape the *dissolved* state of the blood, and paralytic accidents are, by the same medication, easily remediable.

The cause of Diphtheria is an interesting theme for speculation. There need not be a material agency—a septic poison in the atmosphere—as is the general opinion; which, received into the blood, multiplies itself, like a ferment, and thus contaminates the entire circulating mass; since a change in the normal constituents of the air, or a variation in its electric condition, might render it less adapted to fulfil its part in the transformations constantly going on in the lungs, whence would arise a defect in the vital elaborations of the blood. A faulty state of the atmosphere—one that imperfectly supplied the blood with the influence necessary to its constant renewal—would be scarcely felt by the strong and robust, but would tell with the most effect on the debilitated or those of little vital power. In our experience, the subjects of Diphtheria are, almost universally, children; and when it attacks adults, those of little stamina are singled out, who, at the time, are suffering from unusual exhaustion. Of the former, those inheriting a scrofulous constitution, or any other vicious state of the system, are the ones, as a rule, that are seized. The child has not only to maintain the body *in statu quo*, like the adult, by the constant renewal of the worn-out material, but also to provide for growth and increase. Hence, children inheriting any depravity of the constitution are always pale, debilitated and sickly, and prone to disease; though, should they survive to mature years, they frequently become strong and robust.

That an inappreciable relationship of the atmosphere may render it less fitted to effect the constant changes and renewals of the blood that take place in the air vesicles, and less adapted to elaborate and vitalize it, particularly where there is a defect in the powers of the individual, is more apparent when we recollect that the circulation is the medium for the ingress and egress of all the new and effete materials of nutrition; that constant changes are here going on, affected by living structures; that the blood circulating in its vessels is organized equally with the solids; that in both solids and fluids, by the agency of absorption, assimilation and nutrition are effected. A dissimilarity between the solids and fluids is apparent, not real. The blood-globules or cells are not fixed in one locality, like the cells in the tissues, but are designed, from their office, to float in their nutritive plasma. Hence any noxious material

in the blood, or any impediment to its vital transformations, will, equally with changes in solid structures, engender disease. That the cause of Diphtheria is not an animal or vegetable poison, but a state of the air that impairs the vital status of the blood, is further shown by the following considerations: Diphtheria prevails in all seasons and climates, equally in primitive or miasmatic regions, equally in well-cleaned streets, among the better classes, or in courts and alleys among the victims of want and vice; indeed, filth, poverty, vegetable and animal effluvia, do not increase its virulence or cause its dissemination. It is not self-limited, has no fixed stages or increment and decline, may recur several times, does not attack indiscriminately, but as a rule, singles out scrofulous children, or at least individuals whose constitutions are reduced and blood impoverished; and more than all, Diphtheria is not inoculable. M. Trousseau introduced the exudation into his arm and tonsils; and M. Peter inserted it into his lips, rubbed it over his fauces and had it coughed into his eye without any bad result. In fine, we have no evidence that Diphtheria is contagious, or in any way passes from one individual to another. My observation teaches me that, though more than one of a family may be attacked simultaneously, or within a few days of each other, the disease is not communicated to visitors, or to other families in the house. It might be expected that, of a number of children of like organization and habits, breathing the same air and eating at the same table—or, in other words, having similar surroundings—more than one would be attacked at or about the same time. Generally, however, cases of Diphtheria occur here and there in distant localities; whereas, had contagion any influence in the matter, the disease would not be thus limited, or its victims far separated. Diphtheria has undoubtedly occurred at all periods, and in all countries of the world; but from the low intensity of the causation, the disease, except in epidemic seasons, has been confined to isolated cases. Aside from croup, that may owe this origin, many cases of scarlet fever have ended fatally on the appearance of the diphtheritic exudation. With these preliminary observations, I will now give the details of the most interesting cases that have fallen under my observation.—*Prof. E. N. Chapman.*

PAINLESS PARTURITION.

Dr. GEORGE SMITH, of Madras, communicated to the Obstetrical Society of Edinburgh the following example of this:

"Some years ago I was engaged to attend an English lady during her approaching confinement, and was startled one day by a hasty summons, coupled with the information that the child had been suddenly born without warning of any kind. On reaching my patient's residence, I found that the child had been born about ten minutes, and that it was still lying, with the umbilical cord uncut, close to the mother's body. The native female servant, at the lady's order, had left the child untouched, merely raising the bedclothes a little to permit the free access of air for the purpose of respiration.

"On inquiry, the lady informed me that she had been for some time expecting her confinement daily; that the previous night she had felt as usual; but that she had had occasion to rise frequently to attend upon her sick child, and that she had got up as usual about half-past five A. M., feeling well, and having no indication of the near approach of labor. Further, that during the forenoon she had walked down a long flight of steps, and across a gravelled walk to a smaller house within the enclosure of her own grounds, where, feeling a little tired, she had lain down upon a bed; that soon after she experienced slight discomfort, likened by her to ill-defined uneasiness of the abdomen under the operation of a mild laxative, followed by an impression that some solid warm body was lying in contact with her person; that she directed her servant to look below the bedclothes, and that the attendant, on doing so, found to her surprise the child entirely extruded.

"My patient assured me repeatedly and earnestly that she was quite unconscious of the whole parturient process culminating in the birth of the child, and expressed herself both surprised and alarmed at a delivery so painless and instantaneous. As she was daily, nay, hourly, expecting her delivery, it is but reasonable to suppose that she had been for some time acutely alive to the earliest intimations of commencing parturition, and it is surely remarkable that nothing occurred from which she could have suspected that the act had actually commenced. My patient had no object in deceiving me, and I am quite satisfied of the entire truthfulness of her often—to me—repeated statement.

"This case has a medico-legal significance, as well as a practical. If a female awake, in perfect health, in the exercise of

sound reason, and hourly expecting her confinement, having no object for its concealment, but many reasons for its occurrence, being welcomed by her friends, can be the subject of painless, unconscious labor, preceded by no appreciable premonitory symptoms, and making itself known only when the extrusion of the child has been completed in the way described, how much more may we be inclined to yield belief to cases in which it has been averred that delivery has taken place during sleep, without waking the mother, and to others, in which it has been maintained that owing to the painlessness of the parturient process, the child's life has been lost by a fall on the ground, or by being engulfed in a latrine? The child was a female, small, but not much undersized. The mother's first labor—this was the second—was a normal one, accompanied by the usual signs, and extending over six hours in its duration."

—— Dr. Pattison stated that he had once attended a primiparous patient who suffered no pain at all during labor. He had not been summoned to the case, but happened to call at the time; the child was born quite easily, the patient only experiencing a feeling of pressure.

Dr. Wilson had once been called to see a woman who had been delivered without any pain, whilst she was walking about in the house; and he found the child lying on the floor with the umbilical cord torn across.

Dr. Cochrane thought that such a case as that related by Dr. Smith might more readily occur in a warm country with a relaxing climate. But he had himself seen a woman who had just been delivered of a child almost unconsciously as she was getting out of bed.

Dr. Andrew Balfour stated that he had attended, when in China, the wife of an engineer on board a steamer, who suffered from remittent fever in the eighth month of her pregnancy. The whole ovum in that case was expelled entire without any warning; and when he (Dr. B.) arrived and ruptured the sac, the fœtus was already dead.

Dr. Pattison said Dr. Thatcher used to tell his class of a case where he found the patient had been delivered of an entire ovum with unruptured membranes. Dr. T. had been summoned by the husband, who was in great dismay, because, as he averred, his wife had given birth to a "leg of mutton."

Dr. Alex. R. Simpson stated that Von Ritgen, the venerable professor of midwifery at Giessen, had told him, that in a long course of his practice he had met with no less than sev-

enteen cases of labor where the patient had experienced none of the ordinary labor pains; and he (Professor Von Ritgen) had been led to form the conclusion that in perfectly natural labor, pain should not necessarily be experienced, and that we had come to regard pain as a natural and necessary concomitant of labor, merely because women were almost never in a perfectly healthy condition when we were summoned to aid them during parturition. He (Dr. A. R. S.) thought that if Professor Von Ritgen's position could be established—and the facilities of parturition among savages went far to prove its truth—then the objection sometimes made to the use of chloroform in labor, on the ground of its being contrary to nature, would be most completely done away with.—*Ed. Med. Journ., Nov.*, 1862.—*Cin. Lancet and Observer.*

ON THE EMPLOYMENT OF MERCURY AND THE IODIDE OF POTASSIUM IN THE TREATMENT OF SYPHILIS.

By Dr. JUNIEN-LAVILLAUROY.

Having sketched in a bold style the history of the treatment of syphilis by mercury, having pointed out at what period of the disease, and against what symptoms mercurials may be useful, M. Junien-Lavillauroy sums up in his thesis the principal modes of the administration of mercury, and insists specially on the method of Montpellier, or that of radical cure. The first part ends with a table of the principal mercurial compounds, arranged in the order of their activity.

We know that M. Bouchardat divides the principal compounds of mercury into: 1st. *The soluble preparations.* Iodhydrargyrate of the iodide of potassium; bi-chloride (corrosive sublimate); and coanide of mercury.

2d. *Insoluble preparations.* The red oxide; the proto-chloride; proto-iodide; and metallic mercury.

This arrangement is admitted by all therapeutists, particularly by M. Trousseau.

The second part of this work is devoted to iodide of potas-

sium. The opinions advanced by the author are summed up in the following conclusions:

I. If, with the generality of physicians, we adopt the method of radical cure, or that of Montpellier, in the treatment of constitutional syphilis, the practice which consists in giving the iodide of potassium after the disappearance of the symptoms under mercurial treatment, is always useless and may often become injurious.

II. The mixed treatment is very energetic, and ought to be employed in the case of very obstinate and inveterate syphilis; but with the condition, that, if we wish for a durable cure, the mixed treatment must be continued a long time, or that after it the ordinary mercurial treatment should be continued for a certain period.

III. We understand the prompt and immediate treatment on the part of those physicians who do not believe in the preventive action of what they term anti-syphilitics; but from that moment they give them to anticipate new symptoms, according to the rules of the method of Montpellier (and, it must be remarked, all those who give the iodide of potassium after mercury, do it for this end), all these do the opposite to what they propose to do. They drive, in fact, the mercury from the economy, the specific which they have designedly accumulated in it, and to which they are proposing to add, perhaps injuriously, another specific, the iodide of potassium.

IV. The action of potassium on the compounds of mercury fixed in the economy explains the opinion that iodide of potassium does not act as an anti-syyhilitic in tertiary syphilis, except in those persons who have previously undergone a mercurial treatment.

V. The iodide of potassium may act not so much as iodide of potassium, as in transforming the mercury in the system into a more active compound, the iodhydrargyrate of iodide of potassium. So that there would seem in reality but one specific for syphilis, *mercury*.

VI. When in syphilitic patients symtoms appear a long time after mercurial treatment (and with much greater reason when it has not been employed at all), as we may suppose that there is no mercury left in the system, if we wish to treat the patient by iodide of potassium, in order to count upon its action, it is well to give at the same time a mercurial preparation; that is to say, to follow what Vidal de Cassis calls the mixed treatment.—*Boston Medical and Surgical Journal.*

PULTACEOUS EXUDATIONS AND FALSE MEMBRANES.

There is perhaps no error which is oftener committed in affections of the throat than that of mistaking the soft, whitish and caseiform exudations, which are observed on the tonsils and pharynx in a variety of diseases, for real false membrane. In scarlatina anginosa, for example, it is only exceptionally that these exudations assume the membraneous form; they are generally much softer, more easily indented, and much less adherent than the pseudo-membraneous patches of true diphtheria.

These distinctive characteristics, on which we have insisted since 1856, are properly noticed by Dr. Hillier, physician to the Hospital for Sick Children, in a recent clinical lecture on Scarlatina, published in the *Medical News and Library*. Describing the condition of the throat in that disease, he says:

"The *throat* exhibits at first a bright red color, with minute papular elevations on the soft palate; the tonsils, uvula, and soft palate usually become swollen, and in scarlatina anginosa, the color is more dusky, and patches of exudation are commonly seen on the tonsils of a dirty white, yellowish or ash color. The patches are soft, and may be readily detached with a blunt instrument; they are much less tenacious and adherent than the false membrane of diphtheria."

In cases of tonsils dependent on gastric disorders, whitish exudations, sometimes of considerable thickenss, but soft and caseiform, are observed. In applying the probang firmly to the parts, considerable portions adhere to it, and not unfrequently the whole mass is brought away. As long as the throat continues inflamed, and the cause of irritation is not corrected, the exudations may, after being removed, continue to reappear. These affections are not unfrequently attended with considerable tumefaction of the sub-maxillary glands; seldom, however, to as great a degree as is observed in diphtheria. In such cases, which are often mistaken for diphtheria, we have found emeto-cathartics sufficient.—*Pacific M. and S. Journal.*

BROMIDE OF AMMONIUM.

At the late meeting of the British Association for the Advancement of Science, held at Cambridge, a paper was read by Dr. Gibb, "On the Physiological Effects of the Bromide of Ammonium." He said that, "although not complete, his experiments were sufficiently positive in their results to justify him in bringing the subject before the Association."

This salt, he stated, had a tonic, sedative, or anti-spasmodic action, according to the quantity given and the mode of administration; and the structures affected by it were the skin and mucous membrane, and fatty compounds. In producing anæsthesia of the fauces, it was superior to the bromide of potassium, and possessed the power of diminishing fat in the economy, and influencing the arrest of atheromatous changes; and he thought it would ultimately be found of more value for the reduction of corpulency and allied states than any other substance at present known. It has been found to be very useful in some of the milder forms of skin disease, and of equal value with the bromide of potassium as an absorbent in glandular and other enlargements, and superior to it, in some respects, in the treatment of some other forms of disease. Dr. Gibb has also employed it in epilepsy with marked benefit, and also in cases of strumous ophthalmia in the young. Bromide of ammonium is a white prismatic salt, becoming yellow and slightly acid by exposure to air. It is very soluble in water, but only sparingly soluble in alcohol. It is composed of one atom each of bromine and ammonium.—*London Chemist and Circular—Drug. Circ.*

RESEARCHES ON THE

INFLUENCE OF CULINARY SALT AND COFFEE ON THE METAMORPHOSIS OF TISSUE.

Culnary salt, according to the researches of C. Voit, is a powerful stimulator of the metamorphosis of tissue; it increases, by means of its physical properties, the capillary circulation of fluids in the organism; it increases the oxidation of albumen, and through this the quantity of urea excreted. Culinary salt is also a true diuretic. In order to excrete the salt from the body, water is required; this water passes al-

ways through the kidneys (the only channel for the excretion of culinary salt in the dog,) and is, if the supply of water from without is limited, abstracted from the tissues.

Voit's experiments with *coffee* on a dog led to the inference that coffee does not, as is usually assumed, diminish the metamorphosis of nitrogenous tissue, and the excretion of urea, but, on the contrary, rather increases these processes. On the whole, the dog appeared to be more lively after the use of coffee. The author made also experiments with *caffein* on frogs, and found it to cause, at first, increased irritability of the nervous system, a tendency to reflex-movements and to tetanic convulsions; later, however, phenomena of paralysis. The pupil becomes dilated; the capillary vessels are filled with blood; the heart's contractions are at first increased, later reduced in frequency, they are arrested during the tetanic paroxysms. The author attributes the principal effects of coffee to its action on the nervous system, not to its influence on the tissue-change. The nervous system being rendered more susceptible, the same exciting cause produces a greater effect. Coffee thus refreshes, Voit thinks, the fatigued body, renders the lassitude less perceptible, and in this manner enables us to endure prolonged exertions. The experiments on the influence of *bodily exercise* (tread-wheel) on the tissue-change in the well-known dog lead to the unexpected result, that the excretion of urea was not at all, or only very slightly, increased by bodily labor. Voit infers, therefore, that muscular action does not cause increased decomposition of albuminous substances, while it is accompanied with a greater consumption of fat. As the decomposition of albumen is not the source of the production of force, connected with muscular contraction, Voit is inclined to look for it in the development of electricity.—*Brit. and For. Med. and Surg. Jour.—Drug Circ.*

FORCES OF THE LIVING ORGANISM.

In the course of an able address on physiology before the British Medical Association, Dr. W. Sharpley made (*Med. Times and Gazette*) the following comprehensive remarks upon this subject: "And now, gentlemen, in drawing to a close, I may be expected to say a word on the prevailing views as to the powers which animate the living organism.

"I have already remarked that many of the processes of the living economy issue in physical or chemical results, and I have stated that the more of less close relation subsisting between these results, so far as they can be estimated, and the consumption and oxidation of nutriment, as indicated in respiration and excretion, would seem to show that the chemical and mechanical forces developed are derived from an extrinsic source; but, at the same time, that there are energies displayed in the living body not yet estimated in amount, concerning which, therefore, there is not the same clear evidence. I refer especially to the nervous energy.

"In speaking, however, of the nerve force I understand that force which is common to all creatures possessing a nervous system, from the highest to the lowest. I do not refer to the highest attributes of man, to his sense of moral responsibility, his consciousness of dependence on a higher power, and his aspiration after perfection in a future state.

"This nervous force has long been likened to electricity; but rather through a vague perception of anology than from any rigorous comparison. It is true that electric force is developed in the nerves, and even exhibits modifications connected with different conditions of nervous action. Still, it must be borne in mind that the evolution of electricity is a common accompaniment of various processes, involving chemical change, whether within the body or in external nature; and the tendency of recest speculation is not toward identification of the nerve force with electricity, but rather to suggest that the two stand related in the same way as electricity and other physical forces are related to each other; that is, as manifestations of a common force or energy, of which they, severally, are the special modifications.

"Since the memorable experiments of Count Rumford on the heat of friction, which led that philosopher to the conclusion that heat is a form of motion, and the determination by Dr. Joule at a later period, of the equivalent of heat expressed in mechanical work, the doctrine of commutability and equivalence of force, first applied to these two agencies, has extended itself to the other forces operating in the material universe. Accordingly, the opinion is now gaining consistency and acceptance, that mechanical energy, heat, light, chemical action, electricity, and magnetism, are mutually convertible, and are respectively equivalent to each other; moreover, that they are probably all the expression of a common force which manifests itself under these several modifications, according

to the different material or dynamic conditions in which it operates.

"Now, the belief has some time prevailed that the nervous, with perhaps other forms of organic energy, has its place in the same circle of reciprocally productive and equivalent forces; and not being electricity more than it is heat or chemical affinity, yet stands related to electricity and the other forces in the same way that they are related to each other.

"But supposing this probable doctrine to be proved and to betoken a signal advance in physiology, are we come to the end of our inquiries? are we thereby enabled to explain even the most characteristic phenomena of the living organism?

"By mechanical force duly applied, a fabric may be woven, as well, or perhaps better, than by human hands; but by what intelligent prearrangement is the pattern determined and finally brought out? So in the production and development of an animal, and in its subsequent workings,—given the force or forces operating,—how are the determinate forms and qualities of organism produced?

"To all our most exquisite means of scrutiny, the ovum, as it proceeds from the parent, presents nothing to indicate the course of its future development; and yet we speedily can discern in it the traces of the new being, and recognize the successive appearance of each new member and organ—in due time and form and proportion—until the body is built up and completed after the pattern of the parent. We can perceive nothing in the ovum of man to distinguish it from that of a quadruped, although their final destination is so different. We are constrained, therefore, to admit some pre-existent condition, to us inscrutable, which determine the specific direction in which the forces, acting in development, although probably supplied from without, must operate within the organism. And the marvel reaches its height when we reflect, that not the character of the species merely, but the individual likeness of the parent—aye, of both parents—displays itself in the offspring; and not alone in bodily feature, but often also in intellectual and moral peculiarities.

"Then, not alone in regulated form and proportion, do the parts appear, but all fitting harmoniously the one to the other, and each in its appointed time. The periods of incubation and gestation, different but determinate in each species; the regulated time of consolidation and completion of the bones of the skeleton; of the eruption and succession of the teeth; the periods of maturity and decline of the whole body and of particular organs; and a host of examples supplied by the

history of the lower member of the creation, serve to illustrate that conspicuous law of subordination to time in the phenomena of the organic world, which Mr. Paget has aptly designated as the 'chronometry of life."

"Now, while we can in many cases discern the purpose of these adaptations of form, proportion, and time, and perceive how they, as it were, fit in with, although not apparently produced by, the outward circumstances in which the organism is placed; and while we must revere the infinite wisdom by which they are harmoniously brought about, we are still utterly at a loss to explain them by reference to efficient causes. In some of the lowest tribes of animals, it is true, the results are affected more or less by physical influences, but these influences operate upon internal conditions, existing independently. In the human body, even, you may cramp the growth of a Chinese foot or flatten a Carib skull, but this is suppression or distortion, not formation.

"The growth of a finger or a tooth may be traced, and various steps in the process explained; but the acquirement by these and other parts, and indeed by the entire body, of their characteristic form and proportion, is still an inscrutable, at least an unpenetrated mystery. Unpenetrated, I mean, as regards the physical or efficient causes of the phenomena; for the purpose or final cause is often patent; and hence we see that teleogical explanation holds, and doubtless must continue to hold, a large place in physiology.

"But, finally, shall we, on that account, censure as rash or stigmatize as impious all attempts to go farther? Shall we presumptuously set limits to the scope of those inquiring faculties which God has conferred on man, or prejudge and reject by anticipation, conclusions to which their rational and reverential exercise may lead? Assuredly not. Let us not, therefore, with narrow views of the scheme of Providence, worthy of a darker age, join in blindly denouncing the genial effort of one of the foremost men of science in our time, to refer mutations of organic form and the origin of species to natural causes of known operation. Faint as some may deem the prospect of success of Mr. Darwin's great attempt, let none condemn its tendency. Should it ever be shown that the wonderful adaptation and harmonious working, so conspicuous in the living creation, have been brought about by the operation of great natural causes, originally ordained by the Author of the universe, and acting through countless ages of time, surely such an issue could but tend to enlighten and exalt our conceptions of creative wisdom.—*Drug. Circ.*

TREATMENT OF JOINT DISEASES.

H. G. Davis, M. D., of New York, concludes an essay on Treatment of Joint Diseases with the following:

First.—That in all diseases exterior to the joint, when of sufficient gravity to render the same functionally immovable, and when continued for any length of time, the cartilages should be relieved from pressure by extension.

Secondly.—When the disease is within the capsular ligament, extension should be applied from the commencement, as the destruction of the cartilage will be in proportion to the activity of the inflammatory process.

Thirdly.—In immobility of the joints, from whetever cause, change of position of the articulating surfaces must be frequent, or extension applied. This extension should always be made by means of a cord, pulley, and weight, or by some *elastic* material, *the result of both being that a certain amount of extension is kept up, whatever may be the position of the limb.*

This is never fully accomplished by fixing a limb in a given position, as by the ordinary splint, with its so-called extension. When extension is made by an elastic material the muscular fibre becomes wearied, the nervous influence is expended, and the bones come down until the extending power is exerted entirely upon the unyielding tissues. There is, practically, a radical distinction between fixing a limb as by the old mode of extension, and that by which an unremitting draft is kept up upon the muscles, and yet the limb is not so fixed but that the muscles may contract and thereby exhaust their nervous influence, and ultimately rest like any muscle wearied from exercise.

Previous to my introducing it, I have never seen elastic extension recommended, except by one author, and he advised it simply for the purpose of preventing surgical apparatus in fractures from loosening, and not for the reason for which I use it, viz., for overcoming muscular contraction.

It will not be amiss to state what application of the principle of what I term "continued elastic extension," I have made, and with what results.

In ulcerations of the intervertebral cartilages and of the bodies of the vertebræ, I have devised apparatus that separates the diseased vertebræ from each other, and impoess the

labor of sustaing the weight perpendicularly upon the lateral processes. Here it can rest until the disease stops, and the cavity is filled by bone. With this treatment restoration takes place with a good figure.

For morbus coxarius I have originated the treatment by appropriate splints, with which most of the members of the Academy are acquainted. The management of hip disease, based upon this principle, relieves entirely the suffering, puts the parts in the best condition for perfect restoration, and even if the disease is not checked, the limb is kept at full length and in a correct position.

Affections of the knee I treat in a similar manner and with the same success. I have devised an apparatus that will keep up extension upon this joint, and yet admit of flexion of the limb, the whole weighing but a few ounces.

The principle of the latter apparatus is also made applicable to the elbow and other joints.

SCARLATINA AND THE PUERPERAL STATE.

Every epidemic of scarlatina is accompanied by an increased number of abortions and premature deliveries.

The appearance of scarlet fever during child-bed is a dangerous complication, on account of this specific relation of the contagion to the womb. Halm described, in 1837, the scarlatina puerperalis as differing from scarlet fever in not being contagious, appearing within three or four days after delivery, frequently not affecting the mucous membranes at all, and showing no regularity in regard to the fever and eruption. The fever comes suddenly, with a well-marked chill, and a very quick, full, hard pulse. Slight pains in the womb disappear with the coming eruption, which usually covers rapidly the greater part of the body, frequently on the second day of sickness, without mitigation of the fever. This disappears, in favorable cases, with eruption on the third or fourth day, when desquamation follows immediately. Without any apparent cause, this may result in peritonitis, splenitis, dropsy,

or pleuritis, with extensive exudation. Where no desquamation takes place, the fever goes on and mania supervenes, soon ending in death. Headache during the eruption, and pleuritis and peritonitis subsequently, are very unfavorable symptoms. The treatment must be antiphlogistic, with small doses of calomel. Ablutions with warm water, mineral acids, cold applications, leeches, according to circumstances.—*A. Clemens.—Am. Monthly, Trans.*

PHYSICAL DISEASE IN INSANITY.

In every disease of the mind, mental phenomena must necessarily have physiological facts for their basis, and even as a condition of their existence. What symptoms are we, then, obliged to find and describe in the so-called moral insanity, or diastrephia? I answer—both moral and physical: the first relating to a perversion of the human will and instincts; the second, the somatical facts, the symptoms perceptible to our senses. These points settled, all the other evidences support, always, the fundamental inquiries. Out of that, physicians do not want to venture in vague theories; and for them, *what is not disease in diastrephia is crime.—Parigot.*

Ovariotomy in London.—Ovaritomy seems to be prevailing epidemically in London. The number of the *Lancet* for Dec. 20th last, contains notices of 75 cases of this operation. Of these, 43 are said to have recovered and 26 were fatal; in three cases the operation was commenced but not completed, and in three an exploratory incision was made in aid of diagnosis, in one with a fatal result.

In connection with this subject we must not omit to notice the *modesty* of the editor of the *Lancet*, who, in an editorial in the number just quoted, claims Ovariotomy as *a triumph of British Surgery!* He observes: "This noble operation —for the saving of 50 per cent. of poor creatures from absolutely impending death surely deserves the epithet—is essentially a triumph of British Surgery."—*Med. News.*

ORIGINAL COMMUNICATIONS.

RESECTIONS—MILITARY SURGERY.

By MORD. BROOKS, Asst. Surg. 82d Regt. Ind. Vols

At the General Field Hospital, shortly after the battle of Stone River, I happened to be a "looker on in Venice," when an incident like the following occurred:

A certain surgeon, who enjoyed the confidence of the Medical Director of the Department, and doubtless deserved it, had received permission to select such cases for operation as he might think of peculiar interest or difficulty.

A patient was placed on the table: it was a case of gunshot fracture of the Tibia The ball—a conical musket ball—had taken effect at the anterior aspect of the bone, about its lower third. On examination, our surgeon decided that it was a case for resection; at which time, the surgeon of the regiment to which the patient belonged appeared, and objected. The Brigade Surgeon was counseled: he said there might be some small spiculæ of bone which *should* be removed without enlarging the wound. Our surgeon declared it was necessary to enlarge it an inch each way. On appealing to the Medical Director the surgeon was ordered to proceed on his own judgment. The wound was enlarged and about fifty fragments of bone were taken out, one piece as large as the index finger. The operation was an enlightener to some concerned.

Being myself detailed at the same time as an assistant at one of the field hospitals, I was reminded by this circumstance to give more attention to the subject of resection.

A case recurs to my mind, which further illustrates what appears to me to be a fact, that army surgeons in general are not aware of the great amount of comminution that almost in-

variably attends these fractures, when made by the Minie ball.

This patient, like the one preceding, had received a gunshot fracture of the Tibia. The wound was examined and dressed by intelligent surgeons. Resection was not deemed advisable; it being supposed that there was not comminution sufficient to warrant its propriety.

Gangrene supervening about the fifteenth day, amputation was performed. On examining the limb, I was astonished at what was presented. It seemed more like a case of crushing. A number of spiculæ and several large pieces of bone were detached, and the shaft of the Tibia was split down to the Tarsal articulation.

Examination of the limb, after amputation, in another case of a similar character, revealed the same condition.

Whether even resection would have saved the limbs of these men or not, is an interesting question, that cannot, positively, be answered in the affirmative. I think, however, it would be in one instance. One thing I am certain of, they are a sample of a large number of cases in which secondary amputation has been necessary, and, in most instances, death the result.

On the whole, I am inclined to the opinion, that a gunshot fracture of limb, should almost in no instance be bound up without resection.

Microscopical Examination of the Air.—A series of experiments, originated by M. Revial at the Hospital Lariboisiere has shown the experience of a large amount of organic matter floating in the air. The dust collected from one of the wards contained thirty-six per cent., chiefly composing epithelial cells exhaling the smell of calcined horn or bone. In the air of those rooms where there are sufferers from contagious inflammation of the eyeball, small corpuscles were detached by the microscope, analogous to the virus thrown off by the inflamed eye. It is, therefore, to be assumed, on evidence strictly logical, if not absolute, that the infection is mechanically conveyed by the air.

EDITORIAL AND MISCELLANEOUS.

The American Medical Association.—In the March number of the Chicago MEDICAL JOURNAL, Prof. D. Brainard, over his initials, gave certain reasons why, in his opinion, the meeting of the American Medical Association, called by the Chairman of the Committee of Arrangements, for the first Tuesday of the ensuing June, in this city, ought not to take place. Those reasons were prominently as follows:

The call emanated from but a fraction (if, indeed, from more than one member) of the Committee of Arrangements, against the known views of the remainder of the Committee.

There had been no generally expressed wish of the profession throughout the country for its re-assemblage the present year. The causes which, for the two previous years, had been deemed amply sufficient for the postponement were, and are, still present.

The time appointed is unfortunate, because on the same day the great Canal Convention is to convene in this city.

In the February number of the journal which he controls, the Chairman of the Committee uses the following language:

"Let no one outside of Chicago imagine that the course taken by the Chicago *Medical Journal* and its senior editor, Professor D. BRAINARD, in opposing the meeting of the Association, indicates any division of sentiment, or action in the Profession here, or that it represents the wishes or feelings of any one here but himself. On the contrary, the Profession here are united, and earnestly preparing to give their brethren as cordial and pleasant a reception as they have met with in any other city in our country. Our hotels are of the best character, and amply sufficient to accommodate half a dozen "Canal Conventions" and medical Associations at the same time."

The Chairman of the Committee does not attempt to controvert any of the positions taken by Prof. Brainard with the exception of the last—for the simple reason that they are wholly incontrovertible. The call was unauthorized, and if any sustain the Chairman in the course he has thought proper to take now, it is only because they believe that the mischief is already done, and all that remains is "to make the best of it." But there is a difference of opinion from which there is no escape. The large majority of the profession are totally opposed, for patriotic and practical reasons, to the convening of the Association at this time.

With regard to the hotels and the Canal Convention—although Chicago has numerous, and some magnificent, hotels, it is well known to our public, that these hotels, without any extraordinary gathering, are even now taxed to the verge of their capacity by their daily arrivals alone.

It is believed by our citizens, that this one only of the "half dozen Canal Conventions" will bring to the city a larger concourse than it has ever before known. The private residences of the city must be turned into caravanseries to accommodate the throng. The hotels will not be able to shelter a tithe of the visitors.

It may be remarked, that at the Canal Convention will be present a large number of the most prominent men in civil life—many of the most eloquent orators in the nation are to speak; and he knows but little of human nature, who thinks that any attractions for attendance which the Association can present will outweigh those which will call away very many who come to Chicago nominally to be present at its meetings.

The Nitrogen of Food.—Profs. Bischoff, Fehling and Pettenkofer, of Munich, have latterly been engaged in an elaborate series of experiments with regard to the changes undergone by food in digestion. The composition of the food given being first accurately ascertained and then the entire products

of respiration and excretion carefully collected and analyzed, the result was a general confirmation of the following views:

1st. That the nitrogenous portions of the food went to repair the continuous waste of the nitrogenous tissue of the body which takes place during the performance of its various functions; and that urea was the form under which the metamorphosed or worn-out nitrogenous tissues were chiefly eliminated from the system.

2d. That when an excess of nitrogenous matter was supplied in the food, more than was sufficient to repair the waste of tissue, that excess had the effect of producing a more rapid formation and subsequent breaking up of tissue, and consequently increasing the amount of urea eliminated in a given time; but that the increased quantity of urea occuring in the urinary secretion was not due to the excess of nitrogenous matter being converted directly into that substance, as some have supposed, but that its constituents first formed a portion of the tissues which, by their subsequent metamorphosis, furnished urea.

3d. Their experiments also showed that little or no nitrogen passed off with the fæces, or with the product of respiration, but that almost the whole evolved was contained in the urinary secretion.

Precocious Pregnancy and Parturition.—From the Registration Report to the Mass. Legislature, 1858, by Dr. Josiah Curtis, it appears that a girl of ten years, eight months and seven days was delivered of a healthy child at the full time of pregnancy. She became pregnant twenty-four days before she was ten years old. The reputed father was about fifteen years of age. The dates are accurately fixed by the official record of the town of Taunton, Mass., and by the direct testimony of Dr. Alfred Baylies of that town, who officiated both at the birth of mother and that of the child. Both mother and child are at the present time in good health and thriving. This is probably the *earliest* specimen of fecundity of which there is any reliable record.

Thoracentesis.—Cases are accumulating proving the great advantage to be derived from early employment of thoracen-

tesis in cases of pleural effusion. N. W. Greene, M. D., of Pittsfield, Mass., in a report of several cases operated upon, remarks that his rule is, "whenever a case of pleuritic effusion does not yield readily and rapidly to medical treatment, operate." He has never seen any cause for regret, except in some cases, that it was not done earlier. As before intimated in this Journal, we endorse the rule in its broadest extent.

Facial Neuralgia.—Prompt and effectual relief is said to be often afforded by exhibition of the following mixture:

℞ Ammoniæ Hydrochlor, ʒj; Ext. Belladonna, gr. j; Syrup. Simp. f ʒij. M.—S. A teaspoonful every fifteen minutes during the paroxysm, until the pain diminishes, which is usually after four or five doses.—*Dental Cosmos.*

Tooth Powder.—We find the following formula in the same journal:

℞ Pulv. Peruvian Bark, ℔ 1; Castile Soap, Cinnamon, *aa* ℔ 1½; Orris, ℔ 1¼; Chalk, White Sugar, ℔ 2½; Cuttle-Fish (or Pumice), ℔ 2; Oil of Wintergreen, f ʒj. Thoroughly mix in impalpable power. It is recommended to patients to use this at least once a day and brush the teeth longitudinally as well as crosswise, taking care that the grinding and lingual surfaces be not neglected. The suds formed in the mouth should be passed back and forth between the teeth, to bring it in contact with any acid which may exist there.

Ovariotomy.—Prof. E. R. Peaslee in a case of double Ovariotomy (Aug. 1862) made use, commencing upon the nineteenth day after the operation, when typhoid symptoms were imminent, of free injections into the peritoneal cavity, feeling sure that the symptoms were due to the presence of decomposing fluids. He first injected a quart of artificial serum, made by dissolving albumen with a little common salt in water, at the temperature of 98° (Fahren.) A syringe, fastened to a flexible tube, so that on removing the syringe

and depressing the external portion of the tube a syphon would be formed through which the fluid would drain off. The injections were repeated from one to three times daily for the next *fifty-eight days*. The twenty-seventh day he substituted for the albuminous solution: ℞ Liqr. Sodæ Chlorinatæ, ss 3j; Sodii Chlorid, 3j; Aquae, Oj. M. The change proved highly advantageous. Prof. P. attributes the favorable ultimate result of the case to the persistent use of the injections.

Ovarian Dropsy—Iodine Injections.—D. G. Thomas, M. D., of Utica, N. Y., reports to the *Am. Jour.* a successful case of treatment of Ovarian Dropsy by Iodine injections into the cyst. Four ounces of fluid at blood heat, containing 16 grs. Iodine and 60 of Iod. of Pot., were thrown in from a glass syringe, care being taken that it should be brought in contact with every part of the sac, and it was then withdrawn by the syringe. Considerable pain and faintness was experienced at first, but soon subsided. The operation was but partially successful. Four months after it was repeated. Injected 48 grs. Iodine, 180 grs. Iod. Pot. in 8 oz. of water at blood heat. Patient had taken 30 drops of McMunn's Elixir 45 minutes before the operation to dimish the force of the shock. Much less suffering resulted.

When last seen, about six months after this operation, "she called herself well, could walk with ease three or four miles. Has gained in flesh; the size of the bowels was natural, and the walls or outline of the collapsed sac could be easily traced through the abdominal parietes."

Varicose Veins.—Dr. S. P. Turner reports several cases of successful treatment of varicose veins by means of local inflammatory action produced by a paste of Tart. Antimony and Croton Oil. The cuticle is first removed by vesication with Cantharides over a varying number of points, say from six to twelve. Tartar Emetic is then rubbed with Croton Oil to the

consistency of a paste and applied by means of a probe on the denuded surface. In from thirty-six to forty-eight hours the points of application will each be marked by an umbilicated pustule, which may then be treated by warm water dressings. On the occurrence of sloughing, granulation of the ulcers will speedily occur, and the cicatrization diminish the calibre of the vein. Vesication at the outset renders the process more speedy. The recumbent position is the most favorable to success.

In superficial and not very chronic cases this will prove as useful as the twisted suture or Vienna paste, whilst it possesses the advantage of being available in almost every instance of varicose enlargement of the superficial veins of the lower extremities.

Gonorrhœal Rheumatism.—In the chronic thickening, pain and stiffness which sometimes remain after gonorrhœal rheumatism, Mr. Fuller recommends, in otherwise healthy subjects, omission of internal remedies—the cold douche to the parts daily for ten minutes or more, followed by drying and brisk friction until the warmth has returned. Then envelop the parts in lint steeped in the following lotion: ℞ Comp. Tinct. Iodine, ℥ ss; Glycerine, ℥ iiss; Aq., ℥ iij. M. The lint to be covered with flannel and kept on until the next daily douche and friction. In a few days the difficulty will generally disappear. Where the knees are affected, the structures around being thickened and effusion into the synovial cavity, he employs the same treatment, only substituting a moderately firm bandage for the flannel over the lint. Mr. Fuller thinks the ordinary method of applying the Comp. Tinct. Iodine faulty, as it can exert no distinctly absorbant influence—its local action proving a bar to its further absorption. The formula above given contains as much iodine as the skin will bear without suffering, and the glycerine saves wetting the part oftener than once in twenty-four hours.

Burns.—A correspondent of the London *Lancet*, recommends in burns the following preparotion: "Take chalk and linseed, or common olive oil, and mix them in such proportions as will produce a compound as thick as thin honey; then add vinegar, so as to reduce it to the thickness of treacle; apply with a soft brush or feather, and renew the application from time to time." Or, what appears to be a better plan: spread the paste over pieces of rag. These may be changed from time to time, if the pain return, exposing the parts, of course, to the air as little as possible. The writer thinks the Carbonic Acid set free by the mixture, in addition to the exclusion of the air, adds materially to the sedative effect. In the absence of oil, he suggests the whiting might be mixed with water.

Medical Officers to the Prince of Wales.—Physicians in Ordinary—Wm. Jenner, M. D., and Edward Sieveking, M. D. Surgeons in Ordinary—James Paget and George Pollock, Esqs. Surgeon Extraordinary—John Mintor, M. D., etc. Hon. Physicians—Thos. King Chambers, M. D.; Wm. Henry Acland, M. D.; and Alex. Armstrong, M. D., R. N.

In this list will be recognized names which the profession, as well as royalty, delight to honor.

Operation for Hæmorrhoids.—Henry Smith, Esq., Surgeon to King's College Hospital, has contrived a modification of Mr. Curling's clamp for holding piles during the operation of removal or the application of nitric acid. Mr. Smith substitutes in the blades a longitudinal groove and mortice, instead of the serrations used by Mr. Curling. The handles are also stiffened and controlled by small but light screws, so that the pressure may be regulated at will, thus enabling the operator to control any hæmorrhage which may occur by farther application of nitric acid, or of the actual cautery if necessary. As the operation by ligature, although usually admirable in results, is not without danger to life, this improvement may be considered a useful and important one.

Hay Asthma.—Ten drops of Tincture of Nux Vomica three times a day, is recommended by a recent writer, in hay asthma. The remedy may be continued for several days without apprehension or annoyance to the patient.

Substitutes for Bismuth.—The Oxychloride, Phosphate and Tannate of Tin are severally suggested as substitutes for Bismuth. The basic per nitrate of iron and the basic phosphate of iron in combination with phosphate of lime are also suggested. They may replace the Bismuth for injections, blenorrhœa and blenorrhagia, in the early stages.

It is not stated whether they will in any degree replace Bismuth for internal exhibition. We suspect not.

Ext. Hæmatoxylon as a Deodorizer.—Extract of Logwood mixed with equal parts of lard, is recommended by M. DESMARTIER as a deodorizer, applied to sloughing and gangrenous wounds. It, at the same time, he states, assists in restoring healthy action.

Pertussis.—Common Resin in doses, for a child, of one or two grains, and for an adult, of five or six grains, is recommended by an Australian writer as a specific for whooping cough. He often combines it with Opium or Belladonna. The remedy has the advantage of being little liable to do mischief.

Administration of Quinine.—The bitter taste of Quinine is easily concealed by putting the powder to be exhibited on a portion of the white of an egg and covering it with another portion. In this manner children, or the most "spleeny" adults will swallow it readily.

Necrosis.—Mr. WORMALD, Surgeon to the St. Bartholomew's Hospital, suggests that the disintegration of dead bone is ac-

complished by chemical agencies. When pus is first secreted in Necrosis it is alkaline, but presently it becomes acid, and may, in some cases, be seen exuding through minute apertures which gradually enlarge, and the surface of the dead bone becomes rough. Litmus paper will detect this acid. The acid is supposed to be phosphoric—this dissolves the bone, and the air bubbles resulting may be seen on the surface of the pus. It is suggested that in doubtful cases of Necrosis, the presence of phosphoric acid may prove valuable in diagnosis; and in cases where dead bone cannot be removed by operation, Nature seems to indicate an appropriate remedy.

Dropsy—Turkisk Bath.—Dr. THUDICHUM, at a meeting of of the London Medical Society, strongly recommended the use of the Turkish bath in dropsies, where diuretics and the other usual measures fail to accomplish the desired effects. In many cases, he states, a properly constructed, well arranged, and properly heated bath of this kind was the only agent which, with certainty, would keep down the dropsy, and make the continuance of life possible. It ought always to be used in connection with the appropriate medical adjuvants. It is best adapted to cases dependent on cardiac or renal disease. When persons sweated well, the dry, hot bath for a shorter time was preferable to a longer sojourn in a lower temperature. The patients never took cold after it, and were better protected against chills than by fleecy hosiery.

Syphilis.—In the home British army one-third of the admissions into the hospitals in 1860 were on account of Syphilis, and according to the London *Times*, they exceeded one-half the average strength of the army. The disease caused a loss in the course of the year to the army at home equal to 8.69 days of the service of every soldier.

B. R. Biddle, U. S. Indian Agent in Oregon, states that with few exceptions, the Indians in his agency have the most loathsome "private diseases,"—and from this cause alone, he

is led to believe that "in less than twenty-five years, these Indians will have nearly become extinct."

Ice Cream Topically.—C. P. Hart, M. D., reports to the Cincinnati *News*, a severe case of chronic dyspepsia relieved entirely by exhibition of ice cream without any other medication. The patient was ordered to take a teaspoonful of ice cream every few minutes during the day, and to allow it to dissolve slowly in the mouth before swallowing it, and to admit nothing else to the stomach while the treatment continued, either in the shape of food, drink, or medicine. In five weeks he was well, and returned gradually to his ordinary diet without any return of the gastric disorder. Dr. H. has also employed the same treatment in various inflammatory affections of the throat and stomach with the happiest results.

Certainly a combination of the *utile cum dulce.*

Dyspepsia—Rennet Wine.—The ordinary pepsine of the shops is wholly inert. If it is desired to administer this agent it may readily be prepared by taking the stomach of a calf, fresh from the butcher, "cut off about three or four inches from the upper, or cardiac extremity, which contain few glandular follicles may be thrown away. Slit up the stomach longitudinally; wipe it gently with a dry napkin, taking care to remove as little of the clean mucus as possible. Then cut it into small pieces (the smaller the better), and put all into a common wine bottle. Fill up the bottle with good sherry, and let it remain corked for three weeks; at the end of this time it is fit for use. Dose—One teaspoonful in a wine glassful of water immediately after meals."

Wouldn't a little more of the wine, without the rennet answer a better purpose?

Phthisis.—Dr. McCormac, of Belfast, insists that consumption is the sole product of respiration of air which has already been respired. The insufficient discharge of carbonaceous

waste leads to its accumulation in the blood, and final deposit, in the form of tubercle, in the living tissue; and this foreign body is incompatible with the continuance of healthy life. "The one and only cause of consumption and scrofula, is breathing over and over the same breath. The one and only preventive is not to breathe afresh one's own breath or the breath of others." "Impurity of the atmosphere, say as generated by putrefaction, is not productive of consumption. It is only the atmospheric impurity which arises from the act of respiration which is so."

He believes that the ravages of consumption may be entirely put a stop to by conforming to the laws of the organism he thus has indicated.

The views of Dr. Bowditch, to which we called attention some months since, will illustrate, with these of Dr. McCormac, the errors to which the best minds are liable when they seek in single causes the result of a concurrence of causes. Dr. McCormac refers everything to the effects of repeated respiration of the same air—Dr. Bowditch to certain hygrometric conditions of the locality. It would be just as easy—easier, indeed, to refer to the kind of food taken—just as easy to refer to the condition of the digestive organs.

But the fact remains—consumption is not brought about by any single cause, but by a concurrence of causes, each of which must be thoroughly investigated in each case.

Cannabis Indica—Chronic Diarrhœa.—Dr. T. L. Wright, of Bellefontaine, Ohio, recommends, through the *Lancet and Observer*, two grain doses of Cannabis Indica in camp or chronic diarrhœa, where opium and other remedies only partially succeed. This remedy, he says, under these circumstances, he has never known fail to ameliorate the condition of the patient. He sometimes combines it with quinine, opium, or acet. plumbi. It is adapted to the later stages of

the disease. Care should be exercised against its development of the *cumulative* effect. He attributes its beneficial effect to its direct strengthening influence upon the nerves.

Cider in Erysipelas, &c.—Dr. A. McBride, in the same journal, recommends good sound cider to erysipelatous patients "as often as they would drink it." He remarks that he also gives the same to his pneumonia and fever patients. Where it cannot be obtained, he recommends vinegar and water, sour wines, fruits, &c. The practice is strongly urged upon the Sanitary Commission. It is well adapted to remove the cutaneous tinge of icteric patients.

Ghosts.—The *London Lancet* says that Mr. Pepper is lecturing at the Polytechnic Institute, and displays an ingenious contrivance whereby any amount of very highly finished ghosts may be furnished to order. These are raised by the aid of a strong light, a mirror, a few lenses and some smoke.

This will recall the arrangement of the French *savant* which so startled the not over bold King Louis, and led to the disgrace of both optics and the optician at the Tuilleries. From that scrap of history, it is prognosticated, that the overthrow of the popular belief in ghosts and hobgoblins, fondly anticipated by the *Lancet*, as one of the results of Mr. Pepper's expositions, though a consummation devoutly to be wished, is not yet on the eve of accomplishment.

Canada Lancet—William Edward Bowman, M. D., Editor, Montreal.—This is a monthly journal, and is published at one dollar *per annum* in advance. All communications are to be addressed to the Editor, McGill St., Montreal. We cheerfully place this new candidate for professional favor on our exchange list, and invoke for it the liberal patronage of our Canadian neighbors. Canada ought certainly to sustain at least one journal liberally. And we beg leave to remark, right here, that by sustaining a medical journal we mean to include *the*

use of the pen as well as the forwarding of subscriptions. If the profession wish a live medical journal among them, they should feel an individual responsibility in furnishing original communications. We trust our new *confrere* will find an abundance of able contributors, to relieve the otherwise arduous and thankless labors of the editorial position.

Inoculation in Intermittent.—All Western practitioners have noticed on the decline or interruption of intermittents and remittents, that patients are not unfrequently affected with what are popularly designated as "cold sores," a variety of *Herpes labialis.* In "malarious districts" this is called "a receipt for the ague," as it is generally believed to indicate cure of the original affection. E. Lynch, M. D., of Lancaster, Ohio, (Philadelphia *Reporter*,) in a case of obstinate intermittent disorder, tried the experiment of inoculating with matter from some of these pustules in the usual form. Six days after the inoculation the patient had an eruption on various parts of the body, after which there was only one slight return of the intermittent symptoms. From the results in this case, Dr. L. suggests further experiments to ascertain whether by this method susceptibility to the distressing effects of "malaria" may not be eradicated.

The objection will at once occur to Western practitioners that patients who have had this labial eruption "the natural way," seem fully as liable to recurrence of the paroxysms, as do those who have escaped without this disagreeable sequel to previous paroxysms. In our experience we have been led to believe that the occurrence of the labial eruption more commonly indicates that the patient had taken an insufficient amount of Quina to arrest the intermittent. Some patients are especially liable to this eruption every time they have intermittent, and to these we have learned to administer doses of Quina much more abundant than those usually found necessary. We suggest that in Dr. Lynch's case the strong impression made upon the mind of the patient had much to

do with the favorable result. It is to be regretted that the Dr. did not describe the character of the eruption which appeared on the sixth day. Was it not simple urticaria?

Sub-Involution of the Uterus after Parturition.—Dr. A. P. Dutcher (Philadelphia *Reporter*) calls attention to the increased frequency of cases of hypertrophy, or sub involution of the uterus, after parturition or abortion. He attributes this to "our artificial state of society, and the increasing facilities for producing criminal abortion." When a woman has once miscarried or aborted, it is well known that she is very liable to the same accident, at the same period of the next pregnancy. It is also a remarkable fact, that such women often become pregnant again in a very short time after the occurrence of the miscarriage. This condition of affairs interferes materially with the proper restoration of the uterus to its normal state by involution, and thus it is apt to become permanently hypertrophied, producing the various unpleasant general and local symptoms which characterize such cases. The hypertrophy is readily to be recognized by the usual methods, provided it is present and *sought for*. The symptoms are too often mistaken for those of hysteria, and what is worse, unfortunately, sometimes for (that pack-horse loaded with female suffering) ulceration of the *os uteri*.

To promote complete involution of the organ and restoration of the normal functions, Dr. Dutcher especially recommends a combination of bi-chloride of mercury and muriate of ammonia, viz: ℞. Hydrarg. Bi-Chlorid. gr. j; Ammoniæ Hydrochlor., ʒij; Aq. Font., fʒij. M. S.—A teaspoonful three times a day in a teacupful of decoction of Scutellaria. The combination of the first two, he remarks, affords an agent of wonderful remedial power in such cases. "It acts upon the absorbents of the uterus with great energy, stimulating them to perform their functions more vigorously, and causing them to eliminate the effete matters that are engorged in the tissue

of the organ, and thereby reducing it to its normal dimensions." He considers that both the Iodide and Bromide of Potassium, which some writers recommend, are quite inert when compared with this combination. The only cases in which they might be preferable are those clearly of a tuberculous tendency. Chalybeates, nervous stimulants, strychniæ, &c., may be found necessary, either contemporaneously or subsequently.

Shortening after Fractures of Lower Extremities.—J. H. H. Burge, M. D., Surgeon of the L. I Coll. Hospital, advises, in measurements, to ascertain the degree of shortening after fractures of the lower extremities, to choose as the fixed points, the anterior superior spinous process of the ilium and the internal malleolus of the tibia. These points are so well defined at their lower border that sufficient exactness will be obtained. "All the real sources of fallacy in this method are such as can be easily overcome. They are as follows: 1st. When one limb is abducted more than the other. 2d. When the body and hips are inclined to either side, and 3d. When (as will often happen) extension and counter-extension are employed, the body and limbs cannot be brought to a straight line with each other." From the observations made and carefully tabulated, it would appear: "1st. That for every three inches an adult limb is abducted, it is shortened one-eighth of an inch; and the limb which remains on a straight line with the body, will be shortened one-fourth of an inch when the other is abducted to the extent of thirty-three inches. 2d. For every eight inches that both limbs are inclined to one side of the body, *i. e.* the one adducted and the other abducted; the adducted limb is lengthened one-eighth of an inch; and for every sixteen inches of the inclination, the abducted limb is shortened one-eighth of an inch."

In measurements, the same proportion will hold for younger persons. From the minute change, notwithstanding con-

siderable variation from the straight line, this particular method is seen to possess great superiority to the ordinary modes adopted, and is, therefore, well worth bearing in mind.

The N. Y. Ophthalmic Hospital and School held its Eleventh Anniversary on the 24th of February in the University Medical College in 14th street, before a large and highly respectable audience. The exercises of the evening were introduced with prayer by the Rev. E. Thomson, M. D., Editor of the *Christian Advocate and Journal.*

After some introductory remarks by Solomon Jenner, A.M., President of the institution, the names of the graduating class were read by Mark Stephenson, M. D., Lecturer on the Anatomy, Pathology and Treatment of Diseases of the Eye, who remarked to the President, that these young gentlemen (seventeen in number) were students from the different Medical Colleges in this city. Previous to this unfortunate rebellion, our classes were much larger, yet never have we had one more studious or more indefatigable in their clinical pursuits at the Hospital.

He also remarked that they had attended his lectures on Ophthalmic Surgery; been examined every Saturday by Dr. M. P. Stephenson; attended the cliniques three days in the week; learned to diagnose diseases of the eye, watched the effects of remedies from day to day, and witnessed the various operations at the Ophthalmic Hospital, where over one thousand patients are treated every year.

He then said he believed they had seen more diseases of the eye and were better prepared to practice this department of their profession than many physicians who have been twenty or thirty years in practice.

He complimented the class upon their final examination before each of the attending surgeons—and further remarked they were worthy of the testimonials about to be conferred upon them. The diplomas were then presented by the Presi-

dent to the following gentlemen, several of whom were graduates, and had been a number of years in practice:

Alex. E. Jenner, M. D., Ohio; John P. Schenck, Jr., Dutchess Co., N. Y.; W. J. Orton, Broome Co., N. Y.; DeWitt Webb, Dutchess Co., N. Y.; J. H. McCann, M. D, Louisville, Ky.; Robert King, Geneva, N. Y.; H. G. Olmsted, M. D., N. Y. City, N. Y.; James Hutchison, St. John's, N. B.; Charles R. Sanderson, M. D., Ohio; J. H. Chittenden, Binghampton, N. Y.; James H. Mills, M. D., Orange Co., N. Y.; Geo. C. Hayunger, Canada West; J. H. Hunter, M. D., Concord, N. H.; M. C. Rowland, M. D., Washington Co., N. Y.; J. M. Waddle, M. D., Arkansas; R. J. P. Morden, M. D., Canada West; Thos. Thompson, Delaware Co., N. Y.

The graduates were then addressed in a very forcible and impressive manner, well adapted to the occasion, and replete with judicious counsel and admonition, by Marcus P. Stephenson, M. D., one of the attending surgeons, under whose immediate instruction and private examinations they had been, during the past winter. The valedictory address was delivered by A. E. Jenner, M. D., the orator of the evening, chosen from the graduating class. It was attractive in style, profound in thought, and will be long remembered by that intelligent audience, and particularly so by his fellow students.

The entertaining exercises of the evening were closed by an eloquent address from John P. Garrish, M. D.

Before the benediction was pronounced by the Rev. Dr. Thomson, the President announced that the next Session would be commenced on or about the middle of October, at the Ophthalmic Hospital, corner 4th avenue and 28th street.

Camp Diarrhœa.—Prof. Alonzo Clark reports that in his hands the per-nitrate of iron with opium has proved more successful than any other remedy in controlling and ultimately curing army diarrhœa. Opium alone has been "found wanting," and bismuth, soda and nux vomica, cod liver oil, &c., of no avail. A simple diet has usually been ordered, but

a mixed, or even promiscuous diet has rarely proved particularly prejudicial. Indeed in the camps and hospitals it has usually been found that those who have the run of the cooking department soonest recover.

Dr. Clark found Bright's disease a very frequent concomitant of the diarrhœa.

We take the occasion to remark that active astringents are of little real efficacy in the vast majority of these cases. Well chosen, easily digestible articles of diet, fresh air, bathing, and tonics have succeeded best in our hands. The very elegant preparation of Bark and Iron, advertised on the cover of this journal by Mr. Sargent, has proved peculiarly efficient and satisfactory.

Gonorrhœa.—John Hastings, M. D., U. S. Marine Hospital, San Francisco, reports in the *Pacific Journal* his treatment of gonorrhœa. Patients in the acute stage are freely purged, kept quiet and placed on half-diet for three days, after which they are allowed full diet. The urethra, from the time of reception, is injected night and morning with a saturated infusion of fresh Hydrastis Canadensis. He is first directed to urinate, and after the injection to lie on his back for an hour so as to retain it. After the first purgative, no medicine is given internally. This treatment allays the chordee and ardor urinæ almost immediately, and in the course of a few days the disease is removed. Dr. H. says that, having used all kinds of treatment, he finds this produces a quicker cure, with less pain to the patient, than any other.

Dr. Hastings has also employed the infusion of Hydrastis as an injection into the bladder in Cystitis. For this purpose the temperature should be brought to blood-heat, and about four ounces thrown in daily. The pain on micturition is remarkably relieved. It, at all events, has this marked advantage, that it replaces with an innocuous agent the harsh and severe applications too frequently resorted to in such cases.

Pain in Diseased Bladder.—It is recommended, when the urine or calculous concretions produce great pain in the bladder, uncontrolable by the usual measures, to place the body upon an inclined plane, the hips being elevated. This throws the urine or other contents upon the upper and posterior parts of the bladder, which are much less sensitive than the *bas fond.*

Diabetic Urine, even when long exposed to the air, does not, like ordinary urine, give off any smell of decomposition. The sugar is converted into alcohol, which passes off by evaporation. This fact affords a tolerable test, when others are not at hand, for the presence or absence of sugar.

Illegitimate Births Per Annum.—In London, 4 per cent.; in Paris, 33 per cent.; in Brussels, 35 per cent.; in Munich, 48 per cent.; and in Vienna, 54 per cent. In Antigua in a single quarter the births were 194, of which 100 were illegitimate. The number of deaths during the same quarter was 460.

In this country the prevalence of the practice of procuring abortion lessens the proportion of illegitimates—to the unjust credit of its morality.

Vaccination During Pregnancy.—Prof. Meigs in his work on Obstetrics earnestly urges that under no circumstances should a pregnant woman or one recently confined be vaccinated. (*Op. citat.* p. 479.) He observes that he coincides with the almost unanimous sentiment of the profession that the woman who is confined during small pox dies. The vaccine virus, he argues, is but the variolous poison modified by passing through the system of the cow. He continues:

"The generical force of the inferior animal has modified a poison produced by the generical force of the human being. It has changed, not destroyed it. It retains a portion of its variolous power, which is inimical to the pregnant woman, and to expose one to its rage is a gross imprudence and misapprehension which I hope no student reading this book will

ever be guilty of. The shocking spectacles of distress that I have witnessed, from the vaccination of pregnant females, have so impressed my mind with the enormity of the imprudence, that nothing, I think, could tempt me to commit it myself. The most furious phlebitis, which is endangitis, and which becomes pyæmic fever, is one of the consequences likely to result from every true or spurious vaccination of a pregnant woman."

This is very strong language, and the high authority from which it comes entitles it to consideration. As for ourselves, we freely confess that, entertaining the general view of the imminent danger to the mother, confined during small pox, we have always urged vaccinnation if that disease was prevalent at the time; and, although we have certainly vaccinated scores in that condition, we do not recollect a case with more than the usual unpleasant consequences. Will some of our correspondents report their experience on this point?

Obstetrics: The Science and Art.—By CHARLES D. MEIGS, M. D., lately Prof. of Midwifery and the Diseases of Women and Children in Jefferson Medical College at Philadelphia; Corresp. Memb. of the Hunterian Society, London, &c., &c. Fourth Edition, Revised. With one hundred and twenty-nine Illustrations: pp. 730. Philadalphia: Blanchard & Lea. 1863.

This is a new edition of a standard work, and we do not need to say more to our readers than that it is not merely a reprint from steretype plates, but has been thoroughly revised and improved by omissions, additions and corrections. The form has been materially changed by dividing the whole work into paragraphs, numbered from 1 to 959, thus enabling the student or practitioner to refer with ease to any topic sought. The article on placenta prævia has been entirely recast, the author wishing to notice certain new modes of treatment which he regards "as not only ill-founded as to the philosophy of the department, but dangerous to the people."

Prof. Meigs has established a reputation in his department

of teaching which is world-wide. Brilliant and fascinating as a lecturer, as a writer he is scarcely less entertaining; his book is a reflex of his mind—a photograph of his opinions. He is tenacious of his opinions, sometimes, in our view, incorrect—verging upon the dogmatic, but there can never be any doubt what his opinion is, for it is brought out clear as the sunlight. We shall have occasion to comment upon certain points of his instruction hereafter which our space will not at present permit.

Taken as a whole it is an invaluable work, which should be in the library of every practitioner—to be studied for its scientific and practical precepts, and to be admired for its artistic beauty as a specimen of typographical art.

On Diseases of the Skin.—By Erasmus Wilson, F. R. S. Fifth American from the Fifth and Revised London Edition. With Plates and Illustrations on Wood; pp. 649. Philadelphia: Blanchard & Lea. 1863.

This a truly magnificent work—magnificent not from its extent, but as a monument of genius, erudition, acute observation, philosophical analysis and lucid practical description. It stands deservedly at the head of all works upon the subject of which it treats. Diseases of the Skin—from the study of which the student shrinks—for which the most enthusiastic practitioners, with very few exceptions, betray an ill-concealed repugnance, and "the very nomenclature of which," as Alibert tersely expresses it, "is a terror!"

But, in reading these elegant essays of Wilson, the beforetime, dry and tedious branch of study positively becomes a recreation and a luxury. It reminds one of Darwin, and the times when a medical man could be a *litterateur* and a *savant* without necessarily being dull and soporose. Great accuracy of perception and refinement of description do not require indispensably the husky barrenness of a botanical grouping of qualities.

The first chapter is devoted to the Anatomy and Physiology of the Skin; the second to Classification; the third to General Pathology; and the fourth to General Therapeutics. Then follows a discussion of the subject matter of the work under two grand divisions: 1st. Diseases affecting the General Structure; 2d. Diseases affecting the Special Structure.

Under the first division he enumerates: 1. Diseases arising from general causes; 2. From special external causes; 3. From special internal causes; 4. From the syphilitic poison; 5. From animal poisons of unknown origin, and giving rise to eruptive fevers.

Under the second division: 1. Diseases of the vascular structure; 2. Of the nervous structure; 3. Of the papillary structure; 4. Of the pigmentary structure; 5. Sudoriparous organs; 6. Sebiparous organs; 7. Hair-follicles and hair; 8. Nail-follicles and nails.

The classification is clear and explicit, and the simplicity of the nomenclature adopted is worthy of all praise. The author does not find it necessary to make any display of wisdom by the invention of new specific designations. Indeed we do not recollect in the whole work a single new word "of learned length and thundering sound" to give fictitious dignity to some mere variety of a well known cutaneous disease.

It is safe to say that in no part of practice are medical men so generally negligent or deficient in knowledge as in this particular branch; and yet there are scarcely any forms of disease more frequently brought to their notice than those involving the skin. In this book the practitioner will find every part arranged for ready reference, with practical directions, definite, direct, and unequivocal. The student will find a distinctness of description and graphic portraiture which will enkindle his interest, impress his understanding, and indelibly imprint the subject upon his memory.

The few pages devoted to the hair-follicles and hair, alone are worth the pecuniary cost of the whole work; and the chapter on Syphilodermata, that and a dozen times more.

Although not so immediately practical, the chapter on Elephantiasis is exceedingly interesting and will richly repay perusal.

Transparent Paper.—It occasionally happens that it is desirable to copy sketches, diagrams, etc., a task which, trivial as it may appear to an expert, is a serious enough one to those not skilled in the art. It is well to know that Benzine, applied by a sponge over the paper used for tracing the design, will render it temporarily transparent, so that all that is necessary for the copyist to do is to follow the markings on the original with pencil or India ink as desired. The benzine will speedily evaporate, leaving the paper as before opaque. The odor of the benzine will disappear in a few hours. Ordinary tracing paper, rendered transparent by oils, does not give by any means so distinct a result, neither can it be so readily colored if coloring be desired. The benzine process was discovered by Prof. Oelschlager.

National Reward for Anæsthesia.—We have received, from some unknown hand, another bulky pamphlet in the shape of a report from a Congressional Committee on the petition of W. T. G. Morton to be awarded a compensation for the use of Ether in the army. His claims are fully set forth by the Com., but they fail to make any special recommendation in the premises. We regret this, because we believe, if ever any man was entitled to reward for invention or discovery, Morton is. Some of our *confreres*, we observe, are disposed to ridicule, or at least throw cold water on the claim, mainly, so far as we can discover, because W. T. G. happens to be a dentist instead of a doctor, and is in some disrepute for something like genteel begging from distinguished medical gentlemen and medical societies and institutions.

On the whole it *does* appear that W. T. G. is anything but

amiable at the reception his claim has met, and has not precisely suited in his movements the æsthetical ideas of the preservers of the dignity of the profession.

But, notwithstanding the alleged disagreeables of W. T. G. in his *personnel*, and his vain attempt to impose the burdens of a patent right upon those who employ anæsthetics, we still recall the immense boon which, whether willingly or unwillingly, has been conferred by him on the profession and the world—[and from our own immediate recollection of the facts of its introduction, we believe he was the man, and the only man, who has any shadow of claim to priority *practically*—either in its discovery or introduction]—and hence we sincerely trust that W. T. G. M. may have at least the $100,000 which his friends ask for him from Congress. This is by far too little, in our opinion, but this at least should be granted; not grudgingly, but with a free and generous sense of justice. A hundred years from now, and the whole world will wonder at the parsimony, ingratitude, and injustice which now stumbles and hesitates at this unquestionable act of common honesty.

Chemistry. By Wm. Thos. Brande, D. C. L., F. R. S. L. & E., &c., &c., and Alfred Swaine Taylor, M. D., F. R. S., &c., &c. *Experimentis et Præceptis.* Blanchard & Lea, Philadelphia, 1863.

So thoroughly are these eminent publishers advised as to the merits of the various works they reprint, that the very fact of the republication of a foreign book is about sufficient evidence of its valuable character. The present volume is altogether timely, and from a cursory glance it seems to be fully up to the standard of the science. It was received too late for particular notice the present month, but will receive due attention in the next issue, a professional friend of high distinction in this department having been requested to give the book a thorough examination.

Camp Fever.—Surgeon ALEX MCBRIDE, in one of his valuable communications to the *Lancet and Observer*, characterizes Camp or Scorbutic Fever as differing materially from, although in many resembling the Typhoid Fever of Louis, or Enteric Fever of Wood. He thus tabulates the

DIFFERENTIAL SIGNS AND SYMPTOMS.

CAMP FEVER.	ENTERIC OR TYPHOID FEVER.
Abdomen soft, with little or no tenderness.	Abdomen tympanitic, with tenderness more or less intense.
Tongue generally large; frequently flabby and pale.	Tongue generally small, and red where not coated.
Tongue fissured always; fissures peculiar and continued through the entire course of disease; not dependent on dryness.	Tongue cracked when dry, but fissures not persistent; disappearing when the tongue becomes moist.
Appetite generally good, and solid food well borne in considerable quantity, but digestion imperfect.	Appetite slight, and food not borne except in small quantity of liquid form; digestion perfect when too much not taken.
No characteristic eruption during any stage of the disease.	Characteristic rose-colored eruption, usually in second or third week.
Delirium caused apparently by uræmic poisoning.	Delirium caused apparently by enteric inflammation and the general action of fever on sensorial system.
Alvine evacuations large and not characteristic.	Evacuations small and characteristic.

It is attributable to the diet and vicissitudes of camp and general military life. Briefly: "Large quantities of agotized food, imperfectly prepared; privation of anti-scorbutic food; long continued exposure to low temperature and damp air; the widest possible range of mental and moral excitement and depression." He is of the opinion that inflammation of the intestinal glands does not belong to this disease, although there is an excited or irritated condition of the mucus membrane caused by the passage of undigested and vitiated food over it, combined with the long continued exposure to cold and damp. The alkalies, the vegetable acids, acidifying fruits and vegetables necessary to digestion and assimilation are furnished in insufficient amount, and hence the scorbutic phenomena attending the essential diarrhœa.

In the treatment, he recommends Opium, the gum, powder or tincture, combined when indicated, with tannic acid or per sulphate of iron, or the tincture of the chloride of iron. The bowels to be moved, if at all, with castor oil and laudanum.

Quinine and Camphor with or without the addition of Morphia, is frequently of happy effect. Sp. Mindereri in half drachm or drachm doses, is an excellent remedy in his experience, "to promote moisture of the mouth and skin." The dry tongue, amenable to turpentine as it is in common typhoid, receives no benefit from that agent in the camp fever. "The partial suppression of urine which is perhaps the most fatal incident in this disease," is relieved best by the acetate of potash. Nitrous ether and acid vegetable drinks may be also employed freely.

He mentions Mercury only to condemn its use *in toto*, in cases of the kind. Epispastics are very useful in complications.

But the author wisely concludes that medicines are in these cases of altogether secondary importance. Regimen is everything, or paramount to everything. Cleanliness, warmth, free ventilation. Common food, well prepared, with a preponderance of anti-scorbutic vegetables. Patients low with the disease often eat with benefit, boiled potatoes and finely cut cold slaw. Cabbage and potato soups, boiled turnip with butter, milk, sweet or sour, according to taste, &c., &c. The patient's appetite, usually good, may be considerably indulged. Hard cider, diluted native wines, or in the absence of these, diluted vinegar, sweetened. Citric or Tartaric acids may be used for variety—so also jellies, sour fruits, &c., &c. Regimen like this, he believes, will suffice for the recovery of most cases of scorbutic or camp fever.

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